Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
			A. BOILDING.	01					
HAL081008		B. WING		06/09/2015					
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE					
SOUTHERN MANOR REST HOME 390 HARDIN ROAD FOREST CITY, NC 28043									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
C 000 Initial Comments			C 000						
		at Survey by Dennis Harrell on inplaint alleged that the ceiling laces in the facility.							
	submitted for licens is licensed for 25 be information, we are the 1977 Minimum Regulations for Hou the 1978 NC State Occupancy and the	requiring the facility to meet and Desired Standards and mes for the Aged and Infirm, Building Code - Institutional applicable portions of the for Adult Care Homes for							
		substantiated and other iencies were noted which will rrection.							
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex-	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189						
	fire rated ceilings w locations. Damage with materials appr	et as evidenced by: vation the required one-hour ere compromised in several ed ceilings that are not repaired oved for use in one-hour fire present the possibility that a							

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	LD BE COMPLETE						
to other areas of the Findings include: a. The ceiling was of structure in room 12 b. The ceiling was structure in the back. 2. Based on observe front porch were mist the attached light fix fixtures. The result dangerous to operate at the front exit and the empty light bulb the survey the fans single bulb light fixtures. 3. Based on operating pantry was hanging devices that are not operate during an acceptance.	ne space can quickly spread e facility. detaching from the support expart of the Dining room. vation both ceiling fans at the ssing a blade, the globe for exture and all bulbs from the was fans that were te, no working source of light exposed electrified parts in sockets. Before the end of were removed and working ures were installed at both ion the heat detector in the by the wires. Fire detecting properly installed may not ctual fire. vation a ceiling fans in the ning room was missing a e missing parts are	C 189									

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